

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		7-12-98
O.I.P.E. CLASSIFIER		16	7-15-99
FORMALITY REVIEW		10417	7-22-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	04/02
2	03/03
3	07/03
4	07/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here